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110 ELECTION CYCLE				-	Delbert Hosemann
	6.4	OTTO		100	SECRETARY OF STA
REPOR	RT OF REC	bra Care		MENTS	The state of the s
W	_ 201	2 - 25		MEITIO	
Name of Candidate AWRG	VE PIL		1016 V	k_	Campaign Sinand
	1	PASS	CHRISTIAN	11 .	Secretary of Stat
Address 23/7/ STA	BLEWOOD GR	ere, Ms	3957/ County_/	HARRISM	DATESTAME
Telephone Work (221) (65	-4262 Ho	me (228)	152-0114	Fax (228)	865-1636
Contact Name	BOURLEDIS	Email	Address 1/	BOURGEONS (	CO. HARRISON
Office Sought Clean Cove	TUDGE!	2º GRE	UT COURT	DISTRICT.	PLACE 3
Check here if above is dif	Secont from manipus	2001 — 1.00 P. 1.00 ·			
The Attend (1915 II alph 19.49 A)	leient noth previous	ieboir			
May 10, 2010 Periodic Re	port (January 1, 20	010, through A	pril 30, 2010)		Mandato
June 10, 2010 Periodic Re					
July 9, 2010 Periodic Rep					
October 10, 2009 Periodic	Report (July 1, 2	010, through S	eptember 30, 20	10)	Mandato
October 26, 2010 Pre-Elec	tion Report (Octo	ber 1, 2010, th	rough October 2	3, 2010)	Mandato
November 18, 2010 Pre-R	unoff Report (Oct	ober 24, 2010,	through Novemb	er 13, 2010)	Runoff Candidate
Termination Report (Candidates and Campaign expenditures and	d has no outstandi	ng campaign d	ebt obligation)	obligations	o terminate reporting s
<ul> <li>Pre-Election reports are mandal shall submit a report indicating</li> </ul>	tory, even if no con "Q" (Zero) for total	tributions or as	nonditures have	occurred. In such	case, the candidate
(2) Until a Candidate files a Termini Ann. § 23-15-807 (b) (II) and (iii).	ation Report, annua				
(a) The receiving authority must be falls on a weekend or a holiday, day before the deadline. Faxed	the office must be	in actual receir	eports by 5:00 p.n of the required i	n, on the reporting reports by 5:00 p	g day. If the deadline .m. on the first workin
R	EPORTED CON	TRIBUTION	S AND DISBU	RSEMENTS	
	Itemized + Non-		This Perio		Calendar Year-To-Date
Total amount of contributions	\$ 0 +\$	0	5 0	\$	0
Total amount of disbursements	S D +\$	0	s D	\$	0
Total amount of cash on hand	- 1		\$		
I certify the have examined the	reportand to the	best of my kn	owledge and bel	ief it is take, ago	urate, and complete.
Signature of Candidate		11	Date	11111	
Authority: Refer to Miss. Code Ann. §23-15- Penalties: Fallure to submit required reports	<ul> <li>COE TESTELLERS, PAY 4011 PSYSTEM PAY</li> </ul>	SPANIE IN ADDRESS OF	all the first of the control of the first of the control of the con-	dlines or fallure to	nubenia unitar
Authority: Refer to Miss. Code Ann. §23-15- Penalties: Failure to submit regulard reports result in fines of \$50 per day and/or prosecu-	<ul> <li>COE TESTELLERS, PAY 4011 PSYSTEM PAY</li> </ul>	SPANIE IN ADDRESS OF	all the first of the control of the first of the control of the con-	dlines, or failure to :	submit valid reports sha

SEND TO: 1. Candidates for Statewish, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. C. Box 126, Jackson, MS 12206 or lax to 801-569-1499 or 801-678-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.